



**MEDICAL BOARD OF CALIFORNIA**  
**DISCIPLINE COORDINATION UNIT**  
1426 Howe Avenue, Suite 93  
Sacramento, CA 95825-3236  
(916) 263-2389



August 6, 1998

Howard L. Holt, M.D.  
810 St. John Place, Suite C  
Hemet, CA 92543

Re: LICENSE SURRENDER

Dear Dr. Holt:

Recently, during the course of an investigation regarding your treatment of two female patients, you were interviewed by Medical Board investigative staff and indicated your plan to retire from the practice of medicine in the near future.

It is my understanding that you would be amenable to surrendering your license to practice medicine in the State of California and your D.E.A. certificate for permanent cancellation with the agreement that you will not later reapply for a California medical license or D.E.A. certificate.

If you do reapply, it is agreed that we will re-open your case. If not, your case will remain closed. As with any other license surrender in lieu of discipline, your record may be disclosed to the public and the National Practitioner Data Bank.

Please consult with your attorney in this matter. If you agree to the conditions of this offer, please sign both copies of this letter and have a witness (preferably your attorney) do the same. One original of this agreement should be returned within fifteen (15) days. Once we receive the signed document and have obtained your Physician's and Surgeon's License #A-27864 and D.E.A. Permit(s) for cancellation, we will close this case.

Sincerely,

  
JOHN C. LANCARA  
Chief of Enforcement

I UNDERSTAND AND AGREE TO THE ABOVE. I HEREBY SURRENDER MY PHYSICIAN'S AND SURGEON'S CERTIFICATE #A-27864 AND MY D.E.A. PERMIT(S) FOR IMMEDIATE AND PERMANENT CANCELLATION.

  
HOWARD HOLT, M.D.

August 20, 1998  
DATE

  
WITNESS

August 20, 1998  
DATE